

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		04/10/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		70611	6/15/00
RESPONSE FORMALITY REVIEW			

# BEST AVAILABLE COPY INDEX OF CLAIMS

✓ Rejected  
 = Allowed  
 - (Through numeral) Canceled  
 + Restricted

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Non-elected  
 interference  
 Appeal  
 Objected

Claim	Date
Final	
Original	
1	12/2/00
2	7/2/00
3	2/4/00
4	7/2/00
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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